





# & Project Sunshine Present CHALLENGER BASKETBALL



2006 Registration Information

Don't miss out on all the Action!!!

# **Challenger Basketball**

This program is for individuals with special needs

**REGISTRATION:** You can register in person or by mail! If mailed, your entry form must be

accompanied by the entry fee. For additional information, please call 764-3424.

In Mail / In Person: Central Park Office, 1000 Krenek Tap Rd., College Station, TX 77840

Registration will be accepted: Tuesday January 17, 2006 – January 27, 2006

8:00 a.m. - 5:00 p.m. weekdays

**FEE:** \$5.00 for each child. Full scholarships are available.

**GRADE:** Children K-12<sup>th</sup> grade

SEASON: REVISED AS OF 12/15/2005

5 Saturdays (January 28, February 4, 11, 18, 25, March 4) from 10:00am – 11:30am

5 Mondays (January 30, February 13, 20, March 6) from 6:30pm – 7:45pm

This is your schedule so please keep this information

**LOCATION:** College Station Middle School (900 Rock Prairie Road, College Station, TX 77845)

**LEAGUE** Format of the league will be tailored to the needs of the individuals. We will have

FORMAT: activities to develop skills & advance towards games. Wheelchairs, walkers, and

crutches are welcome.

**UNIFORMS:** T-shirts are provided for all participants.

**SPECIAL** Please let us know of any special request that you have by indicating it on the attached

**REQUESTS:** registration form.

**HOW/WHEN** Your schedule is listed above on this sheet. You simply need to come out and have

WILL YOU BE fun. A program representative will try and make contact with you before the first day

**CONTACTED:** of play, but do not wait for an email or call, just use this information sheet as your schedule.

**IF YOU HAVE** A program representative will be available for contact in most instances. You may also

**QUESTIONS:** contact anyone from our Challenger Sports Committee: Ruth Vanoye 680-0122 (en

Español), or Lisa Olivieri 696-0958.

**STAFF:** Program Coordinator, Stacey Young – 218-8455

Recreation Supervisor, David Hudspeth 764-3424

**SPECIAL NOTE:** Participants will be subject to having candid photos taken and used to market programs by

City of College Station officials, Children's Miracle Network representatives, or other media. By registering your child, you are agreeing to the possibility that their picture might be taken and used. If you have any questions regarding this policy please contact Stacey

Young – 218-8455.

**COACHES**/ The Challenger Sports Committee will be providing volunteers to help run the program

**INSTRUCTORS:** and teach skills to the individuals. This year's volunteers are from PROJECT SUNSHINE.

**FUNDED BY:** This program is primarily funded by the Children's Miracle Network/Brazos Valley.



# CHALLENGER SPORTS 2006 ENTRY FORM



## Please Fill Out Completely

Fee \$5: o Cl	heck here if fu	ll scholarship	is needed.						
Child's First	Name:	Last: _			Nickname:				
Address:								<del> </del>	
City:			Zip:		Sex:	Male	e Female		
Age: Birthdate:			School:						
Both Parents	' Name:								
Mom's Primary phone:				Dad's Primary Phone:					
Mom's Home Phone:				Dad's Home Phone:					
Mom's Email:				_ Dad's Email:					
Alternate Co	ntact Name _								
				Home Phone:					
Email:									
	iests:								
T- Shirt Size									
<b>Youth S</b> (10-12)	<b>Youth M</b> (12-14)	<b>Youth L</b> (14-16)	<b>Adult S</b> (34-36)	<b>Adult M</b> (38-40)	<b>Adu</b> (42-		<b>Adult XL</b> (46-48)		
	tion of participa amages we may		_			•		•	
may have ago my child whi including the and promotic	ainst the City of	of College Stati g or practicing. ge Station to us which may incl	on Parks and Additionally se photograph ude in print, t	Recreation D r, I allow organs of my child relevision and	Departmen nizations participat or the int	t, for any affiliated ing in the ernet.	and all inj l with this p is program	uries suffered to orogram for advertising	
BACKGROUN background cl	OUR HELP!!! I ND CHECK WII heck in unaccept or both (if you	<i>LL BE CONDUC</i> table.		complete the ir	nformation		e will use yo		
Name:			T-Shi	T-Shirt Size: S M L XL 2XL 3XL					
Primary Phone:			Email	Email Address:					
Date of Rirth (M/D/V)			Drive	Drivers License #•					

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THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS COMMITTEE <u>BETTER SERVE YOUR CHILD</u>. PLEASE COMPLETE <u>ENTIRELY</u> – CHECK ALL BOXES THAT APPLY. THANK YOU!

General Information	Usual Frequency Usual Duration				
Full Name					
Age	Pre-Seizure Activity				
<u> </u>	Triggered by				
Ambulation					
☐ Walks Assisted ☐ Walks Unassisted	Medications				
☐ Walks Using (☐ Walker ☐ Crutches☐ Braces)					
☐ Wheelchair (☐ Manual ☐ Electric)	Chief Diagnosis (LIST ALL e.g. Seizures, Asthma, MR, CP, A,)				
☐ Transfers (☐ Alone ☐ Needs Assistance)	1				
	2				
Communication	3				
☐ No Problems ☐ Non-Verbal ☐ Sign Language	4				
☐ Limited abilities, but can communicate daily needs	5				
☐ Communication Device					
	Other Comments or Concerns:				
Vision ☐ Normal ☐ Limited ☐ Blind ☐ Glasses					
Hearing					
□ Normal □ Deaf □ Hard of Hearing □ Hearing Aids					
Behavior					
No Problems					
Problems Triggered by					
☐ Positive Reinforcement					
☐ Discipline: ☐ Withhold Privileges					
☐ Time Out ( minutes)					
☐ Other:					
, understand that my child, ports Program until his/her application is completely filled out. I und	, may not participate in a Challenger derstand that it is my responsibility as the parent/guardian to update				
ry child's application as needed. All information submitted to the Cha ports Committee and the City of College Station's Program Staff.	allenger Sports Series will be kept confidential among the Challenger				
arent/Guardian Printed Name	Date				
arent/Guardian Signature	Date				